



**INITIAL REPORT FOR CORPORATE
OR LIMITED LIABILITY COMPANY
FARMING OR RANCHING**
SECRETARY OF STATE
SFN 19445 (07-2008)

FOR OFFICE USE ONLY

ID#:	
WO#:	
Filed:	By:

TYPE OR PRINT LEGIBLY

For reference, see North Dakota Century Code, Section 10-06.1-15.

1. Name of the Corporation or Limited Liability Company

2. REGARDING SHAREHOLDERS OR MEMBERS (May not exceed 15 shareholders or members)
--

(Check appropriate box)

Name and Address	Kinship	% or # of Shares or Membership Interests	U.S. Citizen	Permanent or Alien	Living on Farm or Ranch		Operating Farm or Ranch		Depends Principally on Farming or Ranching for a Livelihood	
					Yes	No	Yes	No	Yes	No
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address										
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address										
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address										
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address										
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address										
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address										
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address										
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address										
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address										
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address										
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address										
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address										

3. NAMES OF BENEFICIARIES OF TRUSTS OR ESTATES	Street/RR	COMPLETE MAILING ADDRESS	PO Box	City	State	Zip+4	RELATIONSHIP

4. Acreage (hectarage) owned or leased by the Corporation or Limited Liability Company and used for farming and ranching is located as listed

NUMBER OF ACRES	SECTION	TOWNSHIP	RANGE	COUNTY

5. To be completed if a Corporation

OFFICERS AND DIRECTORS OF THE CORPORATION

OFFICE	Check If Officer Also Serves As Director	NAME	Street/RR	COMPLETE MAILING ADDRESS PO Box	City	State	Zip+4
PRESIDENT	<input type="checkbox"/>						
VICE PRESIDENT	<input type="checkbox"/>						
SECRETARY	<input type="checkbox"/>						
TREASURER	<input type="checkbox"/>						
DIRECTOR							
DIRECTOR							

6. To be completed if a Limited Liability Company

MANAGERS AND GOVERNORS OF THE LIMITED LIABILITY COMPANY

MANAGER	Check If Manager Also Serves As Governor	NAME	Street/RR	COMPLETE MAILING ADDRESS PO Box	City	State	Zip+4
PRESIDENT	<input type="checkbox"/>						
VICE PRESIDENT	<input type="checkbox"/>						
SECRETARY	<input type="checkbox"/>						
TREASURER	<input type="checkbox"/>						
MANAGER							
MANAGER							
GOVERNOR							
GOVERNOR							

7. "We the undersigned incorporators or organizers have read the foregoing report, know the contents thereof, and believe the statements made therein to be true."

Signature	Date
Signature	Date